

# **EXHIBIT C**

**PROOF OF CLAIM**

Name of Debtor

USA COMMERCIAL MORTGAGE

Case Number

06-10725-LBR

## NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503.

## Name of Creditor and Address

11321241008197

JAYEM FAMILY LP JACQUES MASSA GP  
7 PARADISE VALLEY CT  
HENDERSON NV 89052-6706

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number ( ) 702 - 385-5578

Last four digits of account or other number by which creditor identifies debtor

Check here  replaces  
if this claim  or a previously filed claim dated \_\_\_\_\_  
 amends

## 1 BASIS FOR CLAIM

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)

Retiree benefits as defined in 11 U S C § 1114(a)

Unremitted principal

Wages, salaries and compensation (fill out below)

Other claims against servicer  
(not for loan balances)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

## 2 DATE DEBT WAS INCURRED 1-1-04 — 4-13-06 | 3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$ \_\_\_\_\_

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority

**SECURED CLAIM**

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ unknown

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 936,807.81

## UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  
 Wages, salaries or commissions (up to \$10 000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)  
 Contributions to an employee benefit plan - 11 U S C § 507(a)(5)

Up to \$2 225\* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U S C § 507(a)(7)

Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)

Other Specify applicable paragraph of 11 U S C § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5 TOTAL AMOUNT OF CLAIM \$ 936,807.81 \$ \_\_\_\_\_ (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (priority) \$ 936,807.81 (Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

## 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

## 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO

BMC Group

Attn: USACM Claims Docketing Center  
P O Box 911  
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group

Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo CA 90245

**THIS SPACE FOR COURT USE ONLY**

FILED JAN 12 2007

DATE

1-11-06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

*Jayem Family LP Jacques Massa GP*

USA CMC



## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT

DISTRICT OF Nevada

## PROOF OF CLAIM

Name of Debtor

USA COMMERCIAL MORTGAGE CO.

Case Number

06-10725-1BR

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property)

MONIQUE MARKWELL,  
A SINGLE WOMEN

Name and address where notices should be sent

MONIQUE MARKWELL  
100 NORTH ALEXANDRIA AVE, #9H  
RENO, NV 89501  
Telephone number 775-772-9367

Last four digits of account or other number by which creditor identifies debtor

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court in this case

Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

## 1 Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other See Exhibit A

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries and compensation (fill out below)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed

from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

## 2 Date debt was incurred

10-24-2005

## 3. If court judgment, date obtained

4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations

Unsecured Nonpriority Claim \$ 101,192.45

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

## Secured Claim

Check this box if your claim is secured by collateral (including a right of setoff)

## Brief Description of Collateral

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ unknown

Amount of arrearage and other charges at time case filed included in secured claim if any \$ 1,192.45

## Unsecured Priority Claim

Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)

Wages, salaries or commissions (up to \$10,000) \* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)

Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)

Other Specify applicable paragraph of 11 U.S.C. § 507(a) \_\_\_\_\_

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

## 5 Total Amount of Claim at Time Case Filed

\$ 101,192.45 \$ 101,192.45 \$ 101,192.45

(unsecured) (secured) (priority) (Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

THIS SPACE IS FOR COURT USE ONLY

6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

8 Date Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim

Date

1-7-2007

Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Monique MarkwellFILED JAN 10 2007

Penalty for presenting a fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.

USA CMC  
1072501968

**PROOF OF CLAIM**

Name of Debtor  
USA COMMERCIAL MORTGAGE COMPANY

Case Number

06-10725-LBR

**NOTE** See Reverse for List of Debtors and Case Numbers  
This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request for payment of an administrative expense may be filed pursuant to 11 U S C § 503

**Name of Creditor and Address**

MICHAELIAN HOLDINGS, LLC  
413 CANYON GREENS DR  
LAS VEGAS, NV 89144

ACCT ID 1572

Creditor Telephone Number ( ) 702/338-3147

Last four digits of account or other number by which creditor identifies debtor

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

**THIS SPACE IS FOR COURT USE ONLY**

Check here  replaces  
if this claim  or  
 amends a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)

Retiree benefits as defined in 11 U S C § 1114(a)

Unremitted principal

Wages salaries and compensation (fill out below)

Other claims against servicer (not for loan balances)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

**2 DATE DEBT WAS INCURRED****3 IF COURT JUDGMENT, DATE OBTAINED**

**4 CLASSIFICATION OF CLAIM** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations

**UNSECURED NONPRIORITY CLAIM \$**

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

**SECURED CLAIM**

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim if any \$ 1,267,075.50

**UNSECURED PRIORITY CLAIM**

Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  
 Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)  
 Contributions to an employee benefit plan 11 U S C § 507(a)(5)

Up to \$2 225 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)

Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)

Other Specify applicable paragraph of 11 U S C § 507(a) ( \_\_\_\_\_ )

Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

**5 TOTAL AMOUNT OF CLAIM \$**

\$ 1,267,075.50

\$

\$ 1,267,075.50

(unsecured)

(secured)

(priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures trusts and governmental units)

**THIS SPACE FOR COURT USE ONLY**

BY MAIL TO  
BMC Group

Attn USACM Claims Docketing Center  
P O Box 911  
El Segundo CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group  
Attn USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo CA 90245

DATE

01/11/2007

SIGN and print the name and title of any creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

ANDRE MICHAELIAN, MANAGER



**Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571**

USA CMC



1072502044

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA

## PROOF OF CLAIM

Name of Debtor

USA Commercial Mortgage  
Company

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A 'request' for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address



11321241001557

THE ROBERT R RODRIGUEZ REVOCABLE  
TRUST DATED 1/31/06  
C/O ROBERT R RODRIGUEZ TRUSTEE  
2809 EASY ST  
PLACERVILLE CA 95667-3906

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( )

Last four digits of account or other number by which creditor identifies debtor

Check here  replaces \_\_\_\_\_  
if this claim  or a previously filed claim dated \_\_\_\_\_  
 amends \_\_\_\_\_

## 1 BASIS FOR CLAIM

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)  Unremitted principal  
 Wages salaries and compensation (fill out below)  Other claims against servicer (not for loan balances)  
Last four digits of your SS # \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

## 2 DATE DEBT WAS INCURRED

## 3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$ \_\_\_\_\_

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

## SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim if any \$ \_\_\_\_\_

## UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
 Wages, salaries or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

 Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

## 5 TOTAL AMOUNT OF CLAIM \$

\$ 152,297.26

\$ 152,297.26

AT TIME CASE FILED

(unsecured)

(secured)

(priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO

BMC Group

Attn: USACM Claims Docketing Center

P.O. Box 911

El Segundo CA 90245-0911

THIS SPACE FOR COURT USE ONLY

FILED JAN 11 2007

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group

Attn: USACM Claims Docketing Center

1330 East Franklin Avenue

El Segundo CA 90245

DATE

Jan 9, 2007

SIGN and print the name and title if any of the creditor or other person authorized to file this claim. Attach copy of power of attorney if any

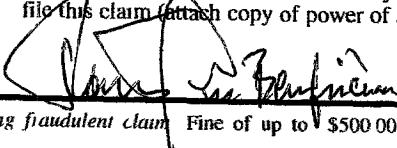
Reed R. Riley - Trustee

USA CMC



1072502070

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM	
Name of Debtor	USA Commercial Mortgage Company	Case Number		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Pensco Trust Company Custodian for Robert William Ulm IRA		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent Robert W. Ulm -Beneficiary 414 Morning Glory Road St. Marys GA 31558 Telephone number 912-673-6020		THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor 3748		Check here <input checked="" type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated 11/06/06		
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other See Exhibit A		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 Date debt was incurred</b> 11/21/03		<b>3 If court judgment, date obtained</b>		
<b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations <b>Unsecured Nonpriority Claim</b> \$ <u>707,753</u>				
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority				
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority		<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)		
Amount entitled to priority \$ _____		<b>Brief Description of Collateral</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ Unknown		
Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 9,862				
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)				
<i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i>				
<b>5 Total Amount of Claim at Time Case Filed</b>		\$ 707,753	707,753	707,753
		(unsecured)	(secured)	(priority)
		(Total)		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges				THIS SPACE IS FOR COURT USE ONLY
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim				
<b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary				
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim				
Date	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)			
01/08/06	 USA CMC  1072502090			
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 and 3571				

FILED JAN 11 2007

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT

DISTRICT OF Nevada

PROOF OF CLAIM

## Name of Debtor

USA COMMERCIAL MORTGAGE CO

## Case Number

06-10725-LBR

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

## Name of Creditor (The person or other entity to whom the debtor owes money or property)

ARTHUR F & LYNN S SCHNITZER, TRUSTEES  
OF THE SCHNITZER LIVING TRUST DATED  
10/24/91
 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

 Check box if you have never received any notices from the bankruptcy court in this case

 Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

## Name and address where notices should be sent

ARTHUR JOHN TEER  
20155 NE 38TH CT., #1604  
AVENUTA, FL 33180

Telephone number 305-932-8035

Last four digits of account or other number by which creditor identifies debtor 0983

 Check here if this claim replaces amends a previously filed claim dated \_\_\_\_\_

## 1 Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other SEE EXHIBIT A

 Retiree benefits as defined in 11 U.S.C. § 1114(a)

 Wages, salaries and compensation (fill out below)

 Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed

from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

## 2 Date debt was incurred

JUNE, 2004

## 3. If court judgment, date obtained

## 4. Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for important explanations

Unsecured Nonpriority Claim \$1,774,903.40

 Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority

## Secured Claim

 Check this box if your claim is secured by collateral (including a right of setoff)

## Brief Description of Collateral

 Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$UNKOWN

Amount of arrearage and other charges at time case filed included in secured claim, if any \$27,232.33

## Unsecured Priority Claim

 Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$\_\_\_\_\_

## Specify the priority of the claim

 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)

 Wages, salaries or commissions (up to \$10,000) \* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)

 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

 Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7)

 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

## 5 Total Amount of Claim at Time Case Filed

\$1,774,903.40 1,774,903.40 1,774,903.40

(unsecured)

(secured)

(priority)

(Total)

 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

THIS SPACE IS FOR COURT USE ONLY

6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

1/11/07

Lynn S. Schnitzer, TRUSTEE

FILED JAN 12 2007

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.



FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT _____		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor	USA Commercial Mortgage Company	Case Number 06-10725-LBR	
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
Name of Creditor (The person or other entity to whom the debtor owes money or property) Alan Simon & Carol Simon Trustees of the Simon Family Trust 2000	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court		
Name and address where notices should be sent Alan Simon & Carol Simon trustees 1800 Waldman Ave Las Vegas NV 89102-2437 Telephone number 702-387-3331	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____		
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes see exhibit A <input type="checkbox"/> Other _____	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 Date debt was incurred</b> April, 2002	<b>3. If court judgment, date obtained</b>		
<b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations <b>Unsecured Nonpriority Claim \$ 101,433.34</b>			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority			
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority	<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) <b>Brief Description of Collateral</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ unknown Amount of arrearage and other charges at time case filed included in secured claim if any \$ 1,433.34		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
<b>5 Total Amount of Claim at Time Case Filed</b>	\$ 101,433.34	101,433.34	101,433.34
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
<b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim			
Date 01/08/07	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>Carol Simon trustee</i> <i>Al Simon trustee</i>		
THIS SPACE IS FOR COURT USE ONLY <i>REPD JAN 10 2007</i> <i>FILED JAN 10 2007</i>			
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C.			

USA CMC



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